

Attachment A

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF WEST VIRGINIA

FILED

MAR 06 2025

Hugo Villaceal
Your full name

U.S. DISTRICT COURT-WVN
CLARKSBURG, WV 26301

**FEDERAL TORTS CLAIM ACT
COMPLAINT**

v.

Civil Action No: 5:25-cv-51
(To be assigned by the Clerk of Court)

Bailey, Marzzone, Prince

UNITED STATES OF AMERICA

I. JURISDICTION

The Court has jurisdiction over this action pursuant to: Title 28 U.S.C. Section 2671, et seq. (FTCA) and Title 28 U.S.C. Section 1346(b)(1).

II. PLAINTIFF

In Item A below, place your full name, inmate number, place of detention, and complete mailing address in the space provided.

A. Your full name: Hugo Villaceal -5015 Inmate No.: 12952-180
Address: FCI Gilmer, Pobox 6000, Glenville, WV, 26351

III. PLACE OF PRESENT CONFINEMENT

Name of

Prison/Institution: FCI Gilmer

A. Is this where the events concerning your complaint took place?

Yes No

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If you answered "NO," where did the events occur?

IV. PREVIOUS LAWSUITS

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action? Yes No

B. If your answer is "YES", describe each lawsuit in the space below. If there is more than one lawsuit, describe additional lawsuits using the same format on a separate piece of paper which you should attach and label: "IV PREVIOUS LAWSUITS"

1. Parties to this previous lawsuit:

Plaintiff(s): _____
Defendant(s): _____

2. Court:

(If federal court, name the district; if state court, name the county)

3. Case Number:

4. Basic Claim Made/Issues Raised:

5. Name of Judge(s) to whom case was assigned:

6. Disposition:

(For example, was the case dismissed?Appealed? Pending?)

7. Approximate date of filing lawsuit:

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8. Approximate date of disposition. Attach copies: _____

C. Did you seek informal or formal relief from the appropriate administrative officials regarding the acts complained of in Part B?

Yes No

D. If your answer is "YES," briefly describe how relief was sought and the result. If your answer is "NO," explain why administrative relief was not sought. _____

E. Did you exhaust ALL available administrative remedies?

Yes No

F. If your answer is "YES," briefly explain the steps taken and attach proof of exhaustion. If your answer is "NO," briefly explain why administrative remedies were not exhausted. Several Medical slips, Tru/Inc's Request
Filed, informal Leaves + Verbally to Counselors, was
Denied a B.P. 9 Form, Directed that only medical can Add/csc,
was given Form 95 for claim to File, it has been Denied

G. If you are requesting to proceed in this action *in forma pauperis* under 28 U.S.C. § 1915, list each civil action or appeal you filed in any court of the United States while you were incarcerated or detained in any facility that was dismissed as frivolous, malicious, or for failure to state a claim upon which relief may be granted. Describe each civil action or appeal. If there is more than one civil action or appeal, describe the additional civil actions or appeals using the same format on a separate sheet of paper which you should attach and label "G. PREVIOUSLY DISMISSED ACTIONS OR APPEALS"

1. Parties to previous lawsuit:

Plaintiff(s): _____

Defendant(s): _____

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2. Name and location of court and case number: _____

3. Grounds for dismissal: frivolous malicious
 failure to state a claim upon which relief may be granted
4. Approximate date of filing lawsuit: _____
5. Approximate date of disposition: _____

V. ADMINISTRATIVE REMEDIES PURSUANT TO THE FTCA

- A. Did you file an FTCA Claim Form (SF-95), or any other type of written notice of your claim, with the appropriate BOP Regional Office?
 Yes No
- B. If your answer is "YES," answer the questions below:
 1. Identify the type of written claim you filed: Personal Injury
 2. Date your claim was filed: Sept 20th 2024 (est)
 3. Amount of monetary damages you requested in your claim:
\$250,000.00
 4. If you received a written Acknowledgment of receipt of your claim from the BOP, state the:
 - I. Date of the written acknowledgment: _____
 - ii. Claim Number assigned to your claim: _____
- C. If your claim involves individuals who are employed by government agencies **other than the BOP**, did you file an FTCA Claim Form (SF-95), or any other type of written notice of your claim with the appropriate government agencies? Yes No

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D. If your answer is "YES," answer the questions below:

1. Identify the specific government agency or agencies, including the addresses, where you filed notice of your claim:

2. Identify the type of written claim(s) you filed:

3. Date your claim(s) were filed:

4. Amount of monetary damages you requested in your claim(s):

5. If you received a written Acknowledgment of receipt of your claim(s), state the:

i. Date of the written Acknowledgment: _____

ii. Claim Number assigned to your claim: _____

E. If the BOP (or other government agency that received notice of your claim) either denied your claim or offered you a settlement that you did not accept, please state whether you requested reconsideration of your claim.

Yes No

1. If you answered "YES," state the:

i. Date you requested reconsideration: _____ *

ii. Date the agency acknowledged receipt of your request for reconsideration: _____ *

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VI. STATEMENT OF CLAIM

State here, as **BRIEFLY** as possible, the facts of your case. You must include allegations of specific wrongful conduct as to **EACH** and **EVERY** federal employee about whom you are complaining. Describe exactly what each federal employee did. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, you must number and set forth each claim in a separate paragraph. **UNRELATED CLAIMS MUST BE RAISED IN A SEPARATE CIVIL ACTION. NO MORE THAN FIVE (5) TYPED OR TEN (10) LEGIBLY PRINTED PAGES MAY BE ATTACHED TO THIS COMPLAINT. (LR PL 3.4.4)**

CLAIM 1: Cruel and unusual Punishment

Supporting Facts: (See Supporting Brief, Attached)

Identify each federal employee whose actions form a basis for this claim, and state the name of the federal agency that employs each such individual:

R. Brown, Doctor Anderson, Doctor McCoy, Kim Wagner and Jeremy
Huffman, All BOP employees

With respect to each employee you have named above, state whether this individual was acting within the scope of his or her official duties at the time these claims occurred? Yes No

If your answer is "YES," please explain: All Defendants are Doctors, Medical personnel, or Warden who as employees of the BOP and DOJ for the U.S. are Responsible to provide Healthcare and were Deliberately indifferent to my needs.

CLAIM 2: UNREASONABLE DELAY OF MEDICAL CARE

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Supporting Facts: (See attached! Supporting Brief)

Identify each federal employee whose actions form a basis for this claim, and state the name of the federal agency that employs each such individual:

R. Brown, Doctor McCoy, Doctor Anderson, Kim Wagner, Jeremy Huffman
All BOP employees.

With respect to each employee you have named above, state whether this individual was acting within the scope of his or her official duties at the time these claims occurred? Yes No

If your answer is "YES," please explain: All are DJ and BOP employees
Responsible for my health care and exhibited Deliberate indifference
to my needs causing unnecessary pain & suffering.

CLAIM 3: Deprivation of a Human's Basic Need. Medical
Care that is Adequate.

Supporting Facts: (See attached Brief in Support)

Identify each federal employee whose actions form a basis for this claim, and state the name of the federal agency that employs each such individual:

"Same as Above"

With respect to each employee you have named above, state whether this individual was acting within the scope of his or her official duties at the time these claims occurred? Yes No

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If your answer is "YES," please explain: "Same As Above"

CLAIM 4: _____

Supporting Facts: _____

Identify each federal employee whose actions form a basis for this claim, and state the name of the federal agency that employs each such individual:

With respect to each employee you have named above, state whether this individual was acting within the scope of his or her official duties at the time these claims occurred? Yes No

If your answer is "YES," please explain: _____

CLAIM 5: _____

Supporting Facts: _____

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Identify each federal employee whose actions form a basis for this claim, and state the name of the federal agency that employs each such individual:

With respect to each employee you have named above, state whether this individual was acting within the scope of his or her official duties at the time these claims occurred? Yes No

If your answer is "YES," please explain: _____

VII. INJURY

Describe **BRIEFLY** and **SPECIFICALLY** how you have been injured or your property damaged and the exact nature of your damages. *I hernia not reported when at surgery leaving me in pain. it was protruding into my scrotum and left in severe pain for long periods of time Due to Cervicogenic migrain Headaches so severe I vomit, blury vision, Eye Twitches and nose as a result of All this pain it has been emotionally and mentally Tarding the suffering Causing ducress, Stress, loss of sleep and loss of Happiness.*

VIII. RELIEF

State **BRIEFLY** and **EXACTLY** what you want the Court to do for you. *Make no legal arguments. Cite no cases or statutes.*

For Medical Personell to Provide Adequate and Timely Medical Care to me and the Facility as well as One Million Dollars For Pain, suffering, and Injury

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DECLARATION UNDER PENALTY OF PERJURY

The undersigned declares under penalty of perjury that he/she is the plaintiff in the above action, that he/she has read the above complaint and that the information contained in the complaint is true and accurate. Title 28 U.S.C. § 1746; 18 U.S.C. § 1621.

Executed at _____ on _____. X
(Location) (Date)

Your Signature X

Attachment E

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF WEST VIRGINIA

Hugo Villaseca
Your full name

v.

Civil Action No.: 5:25-cv-51

UNITED STATES OF AMERICA

Certificate of Service

I, Hugo Villaseca (your name here), appearing *pro se*, hereby certify that I have served the foregoing FTCA claim (title of document being sent) upon the defendant by depositing true copies of the same in the United States mail, postage prepaid, upon the following counsel of record for the defendant on * 3-01-2025 (insert date here):

(List name and address of counsel for the defendant)

Hugo Villaseca
(sign your name)